



*valid*

*Receipt*

PATENT  
0505-4009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher KEITH

Filed: March 8, 2001

Art Unit: 2164

Examiner:

Serial No.: 09/802,088

Confirmation No.: 4943

Title: AUTOMATED SHORT TERM OPTION ORDER PROCESSING

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Date: June 11, 2001

*Brenda Pomerance*  
Brenda Pomerance

CORRESPONDENCE ADDRESS:

Brenda Pomerance  
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**REQUEST FOR CORRECTION OF FILING RECEIPT**

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Office of Initial Patent Examination  
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Dear Sir:

The Filing Receipt for the above-referenced application is incorrect because it lacks an attorney docket number. Please add the following attorney docket number:

0505-4009

as shown in red ink on the attached copy of the Filing Receipt.

Please issue a corrected Filing Receipt incorporating the requested correction.

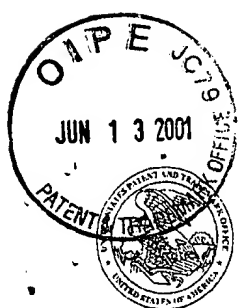
Please call the undersigned attorney if there are any questions.

Respectfully submitted,

Date: June 11, 2001

Brenda Pomerance  
Brenda Pomerance  
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## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/802,088	03/08/2001	2164	382	0505-4009	91	23	3

CONFIRMATION NO. 4943

Brenda Pomerance  
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New York, NY 10019

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## FILING RECEIPT



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## Applicant(s)

Christopher Keith, New York, NY;

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/546,031 04/10/2000

## Foreign Applications

If Required, Foreign Filing License Granted 05/23/2001

Projected Publication Date: 10/11/2001

Non-Publication Request: Yes

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Automated short term option order processing

## Preliminary Class

705



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Bib Data Sheet

CONFIRMATION NO. 4943

<b>SERIAL NUMBER</b> 09/802,088	<b>FILING DATE</b> 03/08/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2164	<b>ATTORNEY DOCKET NO.</b> 0505-4009
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## APPLICANTS

Christopher Keith, New York, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/546,031 04/10/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 05/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 91	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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New York, NY 10019

## TITLE

Automated short term option order processing

<b>FILING FEE RECEIVED</b> 382	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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